57114

CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD

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Revised December 1974

				STATE DEPARTM	
PRODUCER OF WASTE (Must be filled by producer)					HAULER OF WASTE (Must be filled by hauler) 999000642
Name ALUMINUM CO. OF TWERICA Pick up Address 5/5/ ALCOA AVE. VERNON CALIF 90258					ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Telephone Number 3336/4/ P.O. or Contract No.: 47740/8					Pick Up:Time:pm
Order Placed By: Q, HERON Date: 6-1-78					State Liquid Waste Hauler's Registration No. (if applicable):
Type of Process which Produced Wastes: AUMINIM FABRICATER (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)					Job No.:No. of Loads or Trips:
DESCRIPTION OF WASTE (Must be filled by producer)					The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes: 1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand					I certify (or declare) under penalty of perjury that the foregoing is true and correct.
2. Alkaline solution	7. Chemical	_	12. 🗆 Cann	•	SIGNATURE OF AUTHORIZED AGENT AND TITLE
3. Pesticides	8. Tank bottom sediment 13. Latex waste			•	DISPOSER OF WASTE (Must be Filter Profine BUST RES, INC.
4. Paint sludge	9. 🗆 Oii		14. 🗆 Mud		Name (print or type): 2425 So. Garfield Ave.
5. Solvent	10. Drilling n	nud	15. 🗆 Brine		Site Address: Monterey Park, Calif. 91754 CODE NO.
Other (Specify) ALUMINUM OXIDES + NATER CODE NO.				CODE NO.	The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
(Examples: Hydrochfoffc scid, fime, caustic sod), Concentration: phenolics, solvents (list), ppm organics (list), Cyanide)					Quantity measured at site (if applicable):State fee (if any):
1					Handling Method(s):
					□ recovery ′
					treatment (specify):
3. — — — H					disposal (specify): pond spreading tendfill injection well
4					Other (specify):
5					If waste is held for disposal elsewhere specify final location
6.					Disposal Date: 6-3-3
Hazardous Properties of Waste:					I certify (or declare) under penalty of parjury
pH <u>7-9</u> □ non		☐ flammabl		e	that the foregoing is true and correct.
Bulk Volume: 100 BLS	gal	☐ tons	barrels (42 gal.)	other (SPECIFY)	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers:	🗆 drums	cartons	□ bags	other ANK	2 7
Physical State:	☐ solid	liquid	sludge	other(SPECIFY)	
Special Handling Instructions (if any):					
NONE					lacksquare
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).					
I certify (or declare) under penalty of perjury that the foregoing is true and correct.					FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
•	120%	SIGNAT	UNE OF AUTHORIZE	ED AGENT AND TITLE	D.O.T. Proper Shipping Name